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24129 7590 10/13/2004

NAVAIRWD COUNSEL GROUP
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TRUDI SLONE

(Depositor's name)

(Signature)

OCTOBER 21, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,177	07/17/2003	Laurence G. Nixon	84694	2199

TITLE OF INVENTION: NEAR SHORE PORT SECURITY BARRIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SINGH, SUNIL	3673	405-211000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	DAVID S. KALMBAUGH
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE The United States of America as represented by the Secretary of the Navy Please check the appropriate assignee category or categories (will not be printed on the patent):	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Washington, DC	10/22/2004 AWONDAF2 00000003 500931 10622177 01 FC:1501 1370.00 DA 02 FC:1504 300.00 DA 03 FC:0001 21.00 DA
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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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<input checked="" type="checkbox"/> Advance Order - # of Copies 7	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0931 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature David S. Kalmbaugh

Date OCTOBER 21, 2004

Typed or printed name DAVID S. KALMBAUGH

Registration No. 29,234

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TO: **USPTO**
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CC:
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FROM: **TRUDI SLONE**
Office of Counsel, Naval Air Warfare Center Weapons Div
PHONE NO.: **(805) 989-7735**
FACSIMILE NO.: **(805) 989-1695**

DATE: **21 October 2004**
SUBJECT: **Issue Fees for Navy Case 84694, Application No. 10/622177**

COMMENTS: *FAXING FOR A SECOND TIME
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Attorney Docket No. 84694

Attached Paper(s) or Fee(s):

Transmittal Form 1 page
PTOL-85 Fee(s) Transmittal Form (2 copies) 2 pages

This collection of information is required by 37 CFR 1.53(b). The information is required or obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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805 9891695

3 / 4

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/622,177
		Filing Date	7/17/03
		First Named Inventor	NIXON, Laurence G.
		Art Unit	2199
		Examiner Name	SINGH, Sunil
Total Number of Pages in This Submission	3	Attorney Docket Number	84694

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below)
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PTOL-85 Fee Transmittal Form

Remarks

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Firm or Individual Name	David S. Kalmbaugh	29,234
Signature		
Date	21 Oct 2004	

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Typed or Printed Name	TRUDI SLONE		
Signature		Date	21 Oct 2004

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